## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Effective October 1, 2003

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			10				Γ	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBE	R EXTRA	В	ASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			10 minus 20=		- Ø		Γ	X\$ 9=		OR	XS18=	
INDEPENDENT CLAIMS			minus 3 =		Ø			X43=		OR	X86=	
MULTIPLE DEPENDENT CLAIM PRESENT							T	+145=		OR	+290=	
• If the difference in column 1 is less than zero, enter "0" in column 2						olumn 2	_	TOTAL	385.ºº	OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							:	SMALL	ENTITY	OR	OTHER SMALL E	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 7	Minus	- 2	00	=		XS 9=	/	OR	XS18=	
	Independent	. /	Minus	***	<u>}</u>			X43=	/	OR	X86=	
	FIRST PRESE	NTATION OF MI	JLTIPLE DEI	PENDEN	CLAIM			+145=	1	OR	+290=	
							<b>i</b> Al	TOTAL		OR	TOTAL ADDIT, FEE	
		(Column 1)			mn 2)	(Column 3)						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	**		e .		XS 9=		OR	XS18=	
	Independent		Minus'	***	T C( A))	<u> </u>	$\prod$	X43=		OR	X86=	
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM		<b>1</b> [	-:45=		OR	+290=	
							ے ن	TOTAL	6	OR	TOTAL	
		(Column 1)		(Colu	ımn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		PREV	HEST MBER NOUSLY DIFOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus		_ ·	=	11	XS 9=		OR	X\$18=	
ME	Independent		Minus	***		]=		X43=		OR	X86=	
Ľ	FIRST PRESE	ENTATION OF M	ULTIPLE DE	PENDEN	IT CLAIM		<b>」</b>	+145=		OR	+290=	
	** If the entry in column 1 is less than the entry in column 2, write "0" in column 3  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  *** ADDIT. FEE  **** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											
-	ii ine "Highest Ni The "Highest Nic	imber Previously P aber Previously Pa	id For Motal	n indenen	dent) is th	e highest numb	er four	nd in the ap	propriate bo	) ni x	:olumn 1.	